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FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

3193386107

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Perties must be filed electronically.

CAMPAIGN DISCLOSURE SD

2010 JAN 19 PM 3:21

COMMITTEE NAME (Must be same as on Statement of O	rgenization)			
Meyers For Supervisor			FORM	***
tMPORTANT: Indicate by # type of committee you are reporting for (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Ca Subdivision Candidate (8) County PAC (9) City PAC (10) School 1) Local Beliot Issue	(2)State PAC (3)State Party Indidate (7)School Board or Other Politica			LOSURE
CANDIDATE COMMITTEES ONLY:			Logged In	
Candidate Name	Political Party (if applicable)		Scanned	
Larry J. Meyers	Democratic		Computer	
Office Sought Johnson County Supervisor	District (if Senate or House)		Audited	
Late reports are subject to accelible civil and criminal penalties, candidate's committee, and the chairperson, for any other type of	Pursuant to lowa Code sections 688.32A of committee, is the individual responsible 39-357-6-788	(7) and 6 for filing	8A.401(3), the candidate itimely and accurate repo	rts.
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE SIGNED	1
I AM FILING A January 19, 2010		(ANDA	I WE ECTION VITAD	
(report date)	Indicate by	_	PELECTION TEAK.	
	· · · · · · · · · · · · · · · · · · ·	· E.J		
CHECK IF AMENDMENT TO REPORT DATED	· · · · · · · · · · · · · · · · · · ·	Local Co	mmittees, enter Date of Ele	ction
Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file.	and \		Local Committees, enter Coction is held	County in
STATEMENT OF CASH ON HAI	ND			
CASH ON HAND at the beginning of the reporting period. (committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	cash on hand at the end	S	75.92	
ADD TOTAL MONEY TAKEN IN THIS PERIOD	,			**************************************
Schedule A: Cash Contributions total (Attach Sche	edule A) (*also see in-kind below)		0.00	
Schedule F: Loans Received total (Attact: Schedu			0.00	
Schedule H: Total Sales of Campaign Property (Al			0.00	
(Schedule H applies to Candidates' Cor				
:	SUB-TOTAL	\$	75.92	
SUBTRACT TOTAL MONEY SPENT THIS PERIO				
Schedule B: Expenditures total (Attach Schedule E			75.92	
Schedule F: Loan Repayments total (Attach Sched			· · · · · · · · · · · · · · · · · · ·	
CASH ON HAND at the end of this reporting period (If final N			0.00	•
*UNPAID BILLS (From Schedule D - Attach Schedule D)	**************************************			
IN KIND CONTRIBUTIONS (From Schedule E - Attach Sch				-Market 11
*OUTSTANDING LOANS (From Schedule F - Attach S			0.00	
CONSULTANT BREAKDOWN (Schodule G Attached?)	ws rj	\$	0.00	
· · · · · · · · · · · · · · · · · · ·			_YESNO	
CANDIDATE COMMITTEES ONLY:		: .		
/ALUE OF CAMPAIGN PROPERTY (From Schedule H - At	•	\$		
STATE COMMITTEES: Submit a reconciled campaign acco	unt bank statement in January of each	Vear		

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form	SCHEDULE	

MONETARY

(Rev. 07/03) **EXPENDITURES**

> **CHECK THIS BOX IF** AMENDING FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMETTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

Mevers for Supervisor

EXPENDED (MWDD/YR)	ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAMÉ AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	AMOUNT EXPENDED
)3-16-09	ID# CK#	Hills Bank & Trust	Bank Service charges (dormant account)	\$ 15.90
1-19-10	ID# CK#	Iowa City Animal Shelter	Charitable donation to close account	60.02
	ID# CK#		:	
<u> </u>	ID#			
	CK#		SUB-TOTA	L \$

THIS BOX APPL		

Purchases of certain campaign property coeting \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lower Code 68A.402(3)(i).)

	•		
Page_		of	

MITTEE NAME	(Must be same as on Statement of Organization)		F LOAI (Rev. 02/08) RECEI
ers For Super	visor		& REP
: This schedul	e reports money loaned to the committee which is deposited in the committee which is deposited in the REPORTING PERIOD $\$$	ne committee account.	CHECK THIS BO AMENDING FOR
	RY LOANS RECEIVED <u>THIS</u> REPORTING PERIOD ource of loan, such as a bank, must be shown if a third party is in	<u> </u>	
DATE	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*	AMOUNT OF LOAN
RECEIVED (MM/DD/YR)	(MODO Elidore) a Marie, in Approach		\$
			*
	:		
i			
	3		1
······································		TOTAL (PART)	
		TOTAL (PART I)	\$
RT II - MONE (Loans :	TARY LOAN REPAYMENTS MADE THIS REPORTING PERIOR forgiven must be reported on Schedule E In-kind Contributions	· '	\$
(Loans	forgiven must be reported on Schedule E In-land Contributions NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	\$AMOUNT REPAIL
(Loans	forgiven must be reported on Schedule E In-kind Contributions	o .)	9)
DATE PAID (MM/DD/YR)	forgiven must be reported on Schedule E In-land Contributions NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	\$ 400
DATE PAID (MM/DD/YR)	name and address of Lender NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable	\$ 400
DATE PAID (MM/DD/YR)	name and address of Lender NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable	\$ 400
DATE PAID (MM/DD/YR)	name and address of Lender NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable	\$ 400
DATE PAID (MM/DD/YR)	name and address of Lender NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable	\$ 400
DATE PAID (MM/DD/YR)	name and address of Lender NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable	\$ 400
DATE PAID (MM/DD/YR)	name and address of Lender NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable	\$ 400
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) Larry Meyers	RELATIONSHIP TO CANDIDATE* (If Applicable	\$ 400
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) Larry Meyers TOTAL CAS	RELATIONSHIP TO CANDIDATE* (If Applicable	\$ 400

the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

(for Schedule F)